



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services  
255 Rockville, 2nd Floor  
Rockville, Maryland 20850  
240-777-3986 Fax 240-777-3088

Website: [www.montgomerycountymd.gov/mc/services/hhs/license](http://www.montgomerycountymd.gov/mc/services/hhs/license)

### RECREATIONAL CAMP/SUMMER CAMP PROGRAM APPLICATION

Application is hereby made for a license to operate a Recreational Camp/Summer Program in Montgomery County, Maryland.

☐ New ☐ Renewal

TODAY'S DATE \_\_\_\_\_

Name of Camp/Program: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Location of camp) street number and street name*  
\_\_\_\_\_  
*city state zip code Telephone #: include area code*

Owner or Corporation Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*street number and street name*  
\_\_\_\_\_  
*city state zip code*

Camp Director's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*include area code*

Person to contact and daytime phone number to arrange inspections:

Contact Person's Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
*include area code*

Fax Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*include area code*

Maximum number of children at any time: \_\_\_\_\_ Number of children enrolled: \_\_\_\_\_

Do you intend to prepare/serve meals on the premises? ☐ yes ☐ no

Do you have a swimming pool on the premises? ☐ yes ☐ no

Have all staff had a criminal background check? ☐ yes ☐ no

Water Supply: ☐ public ☐ private Sewerage: ☐ public ☐ private

Dates of Operation: Open \_\_\_\_\_ Close \_\_\_\_\_

Is this location currently licensed as a Day Care Center under COMAR 07.04.02? ☐ yes ☐ no

Note: **New Camp or Change of Location** for an existing camp a copy of your Use and Occupancy Permit for school or day care use must be attached to this application. To obtain a Use and Occupancy Permit call 240-777-6240.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Fee Information: *Please refer to Recreational Camp Fact Sheet*

Payment Method

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2<sup>nd</sup> Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to **"Montgomery County, Maryland"** or on a Visa or Mastercard credit card or checking card. ***We are unable to accept cash payments.***

### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Record Number: \_\_\_\_\_